



# Declaration for Nomination and Oath of Candidacy

FOR FILING  
OFFICE ONLY

RECEIVED  
Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Document # JUN 02 2021  
Fee Paid: ☐ cash ☐ check ☐ credit  
By: \_\_\_\_\_  
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Neighborhood Council Representative ☐ Republican ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable NC2 Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Aron R. Krischel  
Mailing Address: 1004 3rd Ave NW Great Falls 59404  
Street or PO Box City Zip  
Residence Address: 1004 3rd Ave NW Great Falls 59404  
Street City Zip  
County of Residence: Cascade Home/Mobile Phone: 719-651-2943 Work Phone: \_\_\_\_\_  
Email Address: Krischel.aron@gmail.com Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE - FEE MUST BE PAID BEFORE FILING IS VALID:

☐ Candidate Filing Fee, if applicable, in the amount of \$ \_\_\_\_\_ is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Aron R. Krischel  
Signature of Candidate

6/2/2021  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade  
County of

Signed and sworn to before me this 2nd day of June, 2021 by Aron R. Krischel  
Printed Name of Candidate

m. j. shreves  
Signature of Notary or Public Official

manann l. lovato, ssgt, USAF  
Printed Name of Notary Public

Notary Public for the State of montana

Residing at: naalmstrom AFB

My commission expires: N/A, 20\_\_\_\_  
military notary



[SEAL/STAMP]

Where to file for Federal, Statewide,  
State District and Legislative offices:  
Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
By Fax: 406-444-2023

Where to file for County, City and  
most Local District offices:  
County Election Office  
A list of county election offices may  
be found at: [sos.mt.gov/elections](http://sos.mt.gov/elections)



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Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: NC 2 ☐ ☐ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Shyla Patera

Mailing Address City and State Zip Code  
1013 7th Avenue NW Great Falls MT 59404

Residence Address City and State Zip Code  
1013 7th Avenue NW Great Falls MT 59404

County of Residence Contact Phone Email Address Website Address  
Cascade (406) 452-1888 Shyla.Patera@icloud.com \_\_\_\_\_

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Shyla C. Patera  
Signature of Candidate

6-21-21  
Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana Cascade  
County of Cascade  
Signed and sworn to before me this 21st day of June, 2021 by Shyla Patera  
Printed Name of Candidate

Marie Ellen Johnson  
Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

**Where to file Federal, Statewide, State District and Legislative offices:**  
Montana Secretary of State  
P.O. Box 202801  
State Capitol Building, 1301 E. 6th Ave  
2nd Floor, Room 260  
Helena, MT 59620  
Online: [sosmt.gov/elections/filing/](http://sosmt.gov/elections/filing/)  
Fax: 406-444-2023

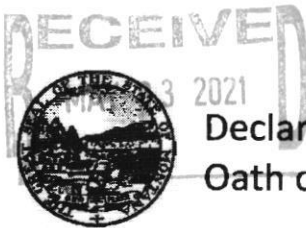
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County Election Office  
A list of county election offices may be found at: [sosmt.gov/elections](http://sosmt.gov/elections)



MARIE ELLEN JOHNSON  
NOTARY PUBLIC for the  
State of Montana  
Residing at Great Falls,  
Montana  
My Commission Expires  
February 21, 2023

[SEAL/STAMP]





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Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Great Falls Neighborhood Council 2 ☐ \_\_\_\_\_ ☒ Nonpartisan  
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Frank A. Speidel

Mailing Address: 917 4th Ave NW Great Falls 59404  
Street or PO Box City Zip

Residence Address: 917 4th Ave NW Great Falls 59404  
Street City Zip

County of Residence: Cascade Home/Mobile Phone: (406) 231-4287 Work Phone: None

Email Address: frank.speidel@gfc.msu.edu Website Address: None

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

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Signature of Candidate

Date

NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Printed Name of Candidate

**Where to file for Federal, Statewide, State District and Legislative offices:**

Montana Secretary of State  
State Capitol, 2<sup>nd</sup> Floor, Room 260  
PO Box 202801  
Helena, MT 59620-2801  
Online: [sos.mt.gov](http://sos.mt.gov)  
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Signature of Notary or Public Official

Printed Name of Notary Public

Notary Public for the State of \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_

[SEAL/STAMP]